Rental Information Form

Town of Herndon, Virginia Department of Public Works **Building Inspections Section** P.O. Box 427

For:

Initial



Transfer	ndon, VA 20172-0427							
Renewal				(703) 435-6	850			
Property Address:				Apartment Complex:				
Property Owner:				Mgmt. Co./Resident Agent/Responsible Party				
(Name)				(Name)				
(Street Address)				(Street Addres	ss)			
(City, State, Zip)		***************************************		(City, State, Z	ip)			
(telephone)	(Day)		(Evening)	(telephone)		(Day)		(Evening)
Number of Units:				Date of Construction:				
Type of Rental Unit:				Smoke Det	tostoros			
Type of Herital Offit.	***************************************	e, Condo, Sin	gle Family etc.)	_Smoke De	lectors:	(Battery	or Permanetly Har	d Wired Electric)
Please Check All Th			, ,			,	,	,
Utilities Supplied To T	he Unit:	Natural G	as 🗆	LP/Gas □	Electric	Oil 🗆		
Heating System:	Gas Fired ☐ Oil Fired ☐				Electric □	Other:		
Hot Water Heater:	Vater Heater: Gas Fired ☐ Oil Fired [Electric	Other:		
Additional Applicant I	nformation		*					
A Rental Information I inspection conducted							ıry fees paid, a	nd an
I have caerfully exami dwelling unit all provis specified or not.								
(Date)		(Signature)					(Title)	
Please notify this offic occupied or vacant, et		anges. E.g	j. owner's ac	ldress, agen	being addec	d/deleted, p	property becom	ning owner
		SPACE BEL	OW FOR T	OWN OF HE	RNDON US	E ONLY		
Date Received			W3-1-1	-	Date of Insp			
Receipt Number: Fee Paid:			····	•	Inspectors N	Name:	***************************************	
District:		***************************************		-	Approved:		Disapproved	l: 🗆
Property ID Number:				-	• •		 	
Please return this cor	npleted inf	ormation fo	rm and appli	cable fees to	the Town of	Herndon	Department of	Public Works,

Building Inspections Section. Checks should be made out to The Town of Herndon.